

INFLUENZA

Special Circular of Instructions

Health Officers, City Officials, Physicians and Nurses, Hospital Authorities, Church Officers, School Officials, Managers of Public Amusements, Employers of Labor, Merchants and the General Public.

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The epidemic of Influenza which has spread over Illinois since early September—the greatest scourge the State has borne—has already caused the death of over 22,500 and the illness of approximately 1,340,000 persons. With this tragic and staggering record, the epidemic is by no means over, nor is it to be expected that its ravages will be completely ended until late in the spring of 1919.

Many communities which have so far escaped the invasion of the disease are now reporting cases in large numbers. In other communities, which the disease has already visited causing not only loss of life, but total cessation of business and civic life, the scourge is reappearing. As these pages are written influenza is prevalent in at least twenty counties in Illinois and a number of communities are undergoing their second siege of rigid quarantine restrictions. A careful study of the situation warrants the statement that no county or rural district in Illinois is beyond the danger of invasion by the disease and that no community already afflicted has any assurance that the epidemic will not recur.

It is unquestionably true that the duration of the disease in many communities has been prolonged due to failure on the part of public authorities and of school officials to properly enforce the prescribed regulations and on the part of the public to disregard the prescribed precautions. The recurrence of the disease has been in large part attributable to carelessness manifested since general quarantine restrictions have been raised. In certain instances it has been found that such precautionary measures as school inspection service instituted as a means of removing quarantine restrictions have been so inefficient in character as to afford no protection to the school children nor the public at large.

The following suggestions of precautionary measures are published at this time of grave emergency by the State Department of Public Health primarily for the protection of the lives and health of the people of the state. Their strict observation, however, on the part of public officials, hospital authorities, school officials, physicians, nurses and all other people will in many instances render unnecessary the establishment or re-establishment of rigid quarantine with all of the financial loss, business depression and personal inconvenience which such restrictive measures invariably entail.

PRECAUTIONS TO BE TAKEN.

By Mayors, City Councils and Other Local Authorities Concerned.—(1) Immediate organization of efficient local public health service with (a) sufficient appropriations to secure proper attention of competent medical health officer and necessary assistants and to defray necessary operating expenses (b) contract with competent physician to serve as health officer assuring proper attention to duties at all times and his whole time in emergencies (2). Appointment of a special influenza-pneumonia committee, enlisting the services of leading public-spirited citizens, business and professional men and women to assist the local authorities in preparing for, handling and controlling the epidemic including the organization of nursing service and an emergency hospital.

By Physicians and Nurses.—(1) Immediate reporting of cases and suspected cases to local health authorities as required by law; (2) Efficient isolation of patient and attendant under direction of physician as required by law; (3) Instruction of attendant and other members of household in quarantine requirements and personal precautions to be taken calling special attention to the requirement that the patient must remain in quarantine until five (5) days after his temperature has returned to normal; (4) Wearing approved face masks by doctors and attendants while in attendance on a case of influenza or pneumonia; (5) Exercising extreme care about cleanliness of hands and sterility of tongue depressors, thermometers, face masks or other articles carried from patient to patient.

By Local Health Authorities.—(1) Rigid enforcement of the State regulations for the control of cases, suspected cases, attendants and contacts including reporting of cases, quarantine and other measures for control of the infection, in no instance releasing a patient from quarantine until the fifth day following return of patient's temperature to normal; (2) Close supervision over public transportation vehicles, churches, theatres, dance halls, billiard rooms and other places of public assemblage, enforcing strict cleanliness, proper ventilation, avoidance of crowding, exclusion of persons suffering from colds or other suspicious illness and prohibiting attendance of persons residing on infected premises; (3) Abolishment of the common drinking cup and the common roller towel; (4) Enforcement of adequate school inspection; (5) Daily report of cases to the State Health Department.

By Managers of Theatres and Other Places of Public Assemblage.—(1) Strict compliance with requirement that persons suffering from colds or other suspicious illness and those residing on premises where influenza, pneumonia or other suspicious illness exists, shall be excluded or expelled from the audience or assemblage. Warning signs to this effect to be conspicuously displayed at the entrance, at the ticket window, and in motion picture theatres by projection on the picture screen. (2) Proper ventilation and cleanliness at all times; (3) Avoidance of crowding in the auditorium or entryways; (4) Abolishment of common drinking cup.

By Proprietors of Billiard and Pool Halls.—(1) Maintenance of proper sanitary conditions and thorough ventilation; (2) Avoidance of crowding, not more than an average of four persons per billiard and pool table to be permitted in the billiard or pool room at one

time; (3) Strict enforcement of the prohibition against spitting; (4) Exclusion of persons suffering from colds or suspicious illness and of those residing on infected premises; (5) Abolishment of common drinking cup and common towel.

By Church Officers.—(1) Avoidance of crowding and unnecessary assemblages; (2) Exclusion of persons suffering from colds or suspicious illness and those residing on infected premises; (3) Proper ventilation and cleanliness of church premises.

By Employers of Labor.—(1) Inspection service to detect and exclude from contact with other employees those suffering from colds or other suspicious illness, also to exclude those in contact with cases or suspected cases; (2) Inquiry into illness in employees' families and cause of absence of employees, requiring certificates of health in suspicious cases before permitting return to work; (3) Proper ventilation and sanitary conditions in work places; (4) Abolishment of common drinking cup and common towel.

By School Authorities.—(1) Adequate daily medical inspection of pupils and teachers, excluding those with colds or other suspicious illness and those residing on infected premises; (2) Daily inquiry into health of families from which pupils and teachers come, excluding possible carriers; (3) Investigation of causes of absence of pupils or teachers, prohibiting return to school of possible carriers until danger has passed; (4) Proper ventilation of school buildings, open windows before and after classes and briefly during recess; (5) Absolute cleanliness of school buildings which implies frequent rubbing down of side walls with brush or dry cloths, scrubbing of all woodwork, seats and desks, scrubbing of all floors and dustless sweeping and dusting. With oiled floors scrubbing may be avoided provided that spraying with a five per cent cresol solution is substituted; (6) Maintenance of proper temperature (66° to 72° Fahr.) and proper humidity in school rooms; (7) Proper sanitary condition of lockers, wash rooms, toilets and all surroundings; (8) Abolishment of common drinking cup and common towel.

NOTE.—In rural sections where it is impracticable to secure the services of a physician or trained nurse for the necessary inspection, the teachers must be properly instructed in school-inspection methods and required to apply same daily..

By Merchants.—(1) Inspection service for employees, excluding all having colds or other suspicious illness and those in contact with known or suspicious cases; (2) Inquiry into health of employees' families and cause of absences of employees, requiring certificate of health from those under suspicion of being infection bearers; (3) Maintenance of proper ventilation and sanitary conditions in stores; (4) Abolishment of common drinking cup and common towel; (5) Avoidance of fatigue of employees; (6) Avoidance of chilling of employees located near entrances; (7) Avoidance of crowding.

By Hospital Authorities.—(1) Prohibiting unnecessary visiting in hospitals, refusing admittance to those residing on infected premises; (2) Requiring visitors who may be admitted advisedly to wear face masks in presence of patient and attendant and to take all other necessary precautions; (2) Daily or more frequent medical examination of all hospital attendants; (3) Efficient isolation of influenza patients and their attendants; (4) Efficient isolation of pneumonia patients and their attendants, with immediate removal of a patient developing pneumonia from an influenza or other ward; (5) Enforced wearing of masks by all

physicians, nurses and others attending influenza and pneumonia patients; (6) Placing of "sneeze sheets" between all beds in influenza and pneumonia wards; (7) Strict enforcement of proper disinfection and disposal of discharges and infective material or articles; Strict enforcement of proper hygienic practice; (9) Proper ventilation and proper temperature of wards with adequate protection against chilling patients and attendants; (10) Immediate reporting by Superintendent of cases admitted to or developed in the hospital to the local health authorities.

By the Public.—(1) Keep out of crowds—indoors or outdoors (2) Keep away from persons having "common colds", shun the sneezer and cougher; (3) Keep a cool head, warm body and dry feet; (4) Avoid chilling the body; (5) Don't visit the sick; (6) Keep away from persons residing on infected premises; (7) Walk to work rather than ride on a crowded car; (8) Keep out of hot, stuffy or unventilated theatres, and other places of public assemblage; (9) Don't wear outdoor wraps or coats while indoors; (10) Don't go into outdoor air while overheated or with undergarments damp from perspiration; (11) Dress to suit the weather; (12) Don't let a person stand close to you while talking and spray you with infection; (13) Work, sleep and live in fresh air; (14) Avoid dusty places; (15) Eat regularly, plain nourishing food; (16) Avoid alcoholic drinks; (17) Avoid overwork and fatigue; (18) Keep your hands clean and keep your fingers out of your mouth; (19) Avoid the spitter and spit infected places.

IF YOU GET A COLD

(1) Don't infect other people—keep away from them.
 (2) Go home, go to bed and stay there until your cold is entirely cured—that's the best way to avoid pneumonia; (3) If you have fever with your cold call a doctor **at once**; (4) By all means avoid taking patent medicines or so-called "cold-cures" or "grippe cures"; (5) Avoid infecting other members of your family by keeping away from them and requiring that your attendant while in the room with you shall wear a face mask made of four thicknesses of gauze; (6) See that spittal and discharges from nose and throat are received in cloths and that used cloths are deposited in a disinfecting solution or promptly burned; (7) Always sleep alone when you have a cold; (8) If you have influenza see that the case is reported to the local health authorities. If you do not have a physician remember that the law requires your attendant, parent, or householder to report the case. Failure to report is punishable with a fine up to two hundred dollars, or imprisonment in the county jail or both. It is required that the local health officer shall prosecute all persons guilty of this very necessary requirement.

A person suffering from influenza must be quarantined until five (5) days after his temperature has returned to normal. This is imperative.

Finally bear this in mind, any person suffering from a suspicious cold or influenza is an infection bearer and if he goes wilfully about spreading his infection to others with resulting sickness, misery and death, he is no better than the miserable individual who puts poison in food or water.